



HOME Tenant Based Rental Assistance

BANKING VERIFICATION

RE: _____ Social Security Number: _____
Applicant's Name (print)

Dear Financial Institution:

The person referenced above is a participant in a federally assisted housing program. Federal regulations require that we verify all assets of program participants and their household. Please complete all the information below. Thank you for your assistance.

By signing below, I authorize the release of this information.

| Participant's Signature | Date | | |
|-------------------------|----------------------------------|----------------------------------|------------------------|
| Savings Accounts | Current Balance | Year-to-Date | Date Account Opened |
| Acct No: _____ | \$ _____ | \$ _____ | _____ |
| Acct No: _____ | \$ _____ | \$ _____ | _____ |
| Checking Accounts: | Last 6 months Average Balance | Last 6 months Interest Income | Date Account Opened |
| Acct No. _____ | \$ _____ | \$ _____ | _____ |
| Acct No. _____ | \$ _____ | \$ _____ | _____ |
| Other Accounts (list) | | | |
| _____ | \$ _____ | \$ _____ | _____ |

I certify that this information is accurate.

| | |
|------------------------------|------------------------|
| Signature | Name (print) |
| _____ | _____ |
| Title | Date |
| _____ | _____ |
| Financial Institution: _____ | Telephone Number _____ |

| | | | |
|---------|-------|-------|-------|
| Address | City | State | Zip |
| _____ | _____ | _____ | _____ |

PLEASE RETURN TO:

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the United States or to any matter within its jurisdiction.